

M•Plan Benefits & Services

Physician Office Services

Member Cost

Primary care physician office visits	\$5 copay
Visits to specialist upon referral	\$5 copay

Services include: Periodic physician check-ups and exams; laboratory, x-ray, EKG and other diagnostic services; radiation therapy; prenatal and postnatal maternity care; well child care and routine pediatric visits; immunizations and injections; allergy tests and treatment; hearing exams; casts and dressings; care of immediate medical needs

Primary care, specialty and referral physician in-home visits, when prior authorized	\$25 per visit
Allergy serum	50% of covered charges

Physician Hospital Services

Physician services for surgery, visits and examinations	No charge
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Inpatient Hospital Services

Semi-private room and board	No charge
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*Services include: Private room if medically necessary, Operating, recovery rooms and other special units including intensive care
Maternity care, Hospital ancillary services including laboratory, x-ray, EKG and other diagnostic services
Other services including anesthesia, physical therapy and medications, Administration of blood and blood plasma
Non-experimental organ transplants when prior authorized*

Outpatient Hospital Services

Outpatient surgery unit services and other outpatient services	No charge
Emergency room services for life-threatening medical emergencies (In Network)	\$10 per visit (waived if admitted to hospital)
Emergency room services for life-threatening medical emergencies worldwide (Out-of-Network)	\$25 per visit (waived if admitted to hospital)
Immediate/Urgent Care Center visit - (In-Network)	\$10 per visit
Immediate/Urgent Care Center visit - (Out-of-Network)	\$25 per visit

Mental Health Services

Inpatient mental health services for short-term evaluation, partial hospitalization or day treatment in lieu of inpatient psychiatric care	No charge
Outpatient visits for short-term psychotherapy, crisis intervention or psychiatric testing	No charge
Psychiatric Intensive Outpatient Program (Ambulatory Level Two Mental Health Programs)	No charge

Substance Abuse Services

Up to 14 days of inpatient substance abuse services for diagnosis and detoxification	No charge
Outpatient visits for short-term evaluation or crisis intervention	\$20 per visit; limited to 20 visits per contract year

Other Services

Emergency ambulance when medically necessary or when prior authorized	No charge
Family planning including infertility counseling, testing, tubal ligation, IUD and sterilization	20% of covered charges
Home health care in lieu of hospitalization and when prior authorized	No charge
Skilled nursing facility services in lieu of hospitalization and when prior authorized	No charge
Durable medical equipment when prior authorized	No charge
Prosthetic devices and corrective appliances when prior authorized	No charge
Short-term physical and speech therapy	No charge
Vision examination	No charge; limited to one refractory exam per contract year
Temporomandibular Joint Dysfunction or Disease (TMJ)	No charge

Prescription Drugs

Generic-equivalent drugs dispensed when available through participating pharmacies; includes oral contraceptives

Generic prescription drugs on the Plan's Formulary	\$5 copay
Formulary Brand Name Drugs and Formulary Diabetic Supplies	\$10 copay
Generic Non-Formulary drugs	\$15 copay
Brand Name Non-Formulary drugs	\$20 copay
Birth Control Pills (Generic)	\$5 copay
Diaphragms, cervical caps	20% of covered charges

All services must be provided, prior authorized, or referred by the member's participating primary care physician except in cases of life-threatening emergency

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Exclusions

- Any service not provided, arranged for, prior authorized or approved by the member's primary care physician other than for life-threatening emergency
- Any service not medically necessary
- Services for which coverage is provided or is required to be provided by law in a public/government facility
- Personal comfort items in and out of the hospital (e.g. television, telephone)
- Custodial care, nursing care, nursing home care, rest cures, and domiciliary care regardless of location or setting and long-term psychiatric management in any institutional or home-based setting including respite care, group homes, halfway houses and residential facilities.
- Physical exams required by a third party (e.g. employment, insurance, licensing)
- Dental services except for accidental traumatic injuries to sound natural teeth if treatment occurs within 24 hours of the accidental injury
- Dental services connected with Temporomandibular Joint Dysfunction (TMJ)
- Orthodontic services
- Cosmetic surgery
- Surgical and related care for obesity, unless Medically Necessary
- Invitro fertilizations and embryo transport services
- Transsexual surgery; reversal of sterilization
- Marriage or sex counseling
- The evaluation or treatment of learning disabilities
- Infertility drugs
- Mental Health Services for gambling addictions and paraphilia.
- Experimental psychiatric procedures, pharmacological regimen and associated health care services and/or those procedures that are not consistent with accepted standard medical practice or services requiring prior approval by any governmental authority prior to use where such approval has not been granted or services not approved for coverage by Medicare
- Psychiatric therapy on court order or as a condition of parole or probation unless treatment otherwise would be covered.
- Long-term substance abuse services
- Eye exams for contact lenses or their fitting; eyeglasses
- Hearing aids
- Chiropractic services
- Podiatry services, unless medically necessary
- Routine foot care
- Over-the-counter drugs
- Experimental health care services and drugs

Limitations

If circumstances arise beyond the control of the Plan (e.g. major disasters, epidemics); services will be rendered only as practicable within the limitations of available facilities and personnel.

If a member refuses recommended treatment for a medical condition when the primary care or referral physician and the Plan believe no acceptable alternative exists, further coverage related to that condition will be denied.

Members must use the Plan's participating providers. These providers are subject to change from time to time, and the Plan does not guarantee the length of service for any of its participating providers.

Copays

Copays are paid at the time of your office visit or when other services are received.

If you have any questions call or write:
M•PLAN MEMBER SERVICES DEPARTMENT
(317) 571-5320 or 1-800-81-MPlan (800-816-7526)
8802 N. Meridian Street, Suite 100
Indianapolis, Indiana 46260

This brochure describes the essential features of the benefit plan and is not intended to be a full description of benefits.
The complete program is described in your employers' Group Service Agreement and your Certificate of Coverage.